

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

U T — 0 1 — 017

2. STATE:

UTAH

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

September 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.60

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ -0-

b. FFY 2002 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

ATTACHMENT 3.1-A (Attachment # 6.a, 6.a-1)

ATTACHMENT 3.1-B (Attachment # 6.a, 6.a-1)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

ATTACHMENT 3.1-A (Attachment #6a)

ATTACHMENT 3.1-B (Attachment #6a)

~~Same~~

10. SUBJECT OF AMENDMENT:

PODIATRIST Services Co-pay Requirements

11. GOVERNOR'S REVIEW (Check One):

- ☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Rod L. Betit

14. TITLE: Executive Director
Department of Health

15. DATE SUBMITTED: August 24, 2001

16. RETURN TO:

Rod L. Betit, Executive Director
Department of Health
Box 143102
Salt Lake City, UT 84114-3102**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

September 6, 2001

18. DATE APPROVED:

October 12, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

September 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

Spencer K. Ericson

21. TYPED NAME:

Spencer K. Ericson

22. TITLE:

Acting Associate Regional Administrator

23. REMARKS:

POSTMARK: September 4, 2001

LIMITATIONS

The following services are excluded from coverage:

1. Examination, treatment, and/or surgical procedures that are not limited to the area of the human foot. (Utah Code Annotated Vo. III, 58-5-1 through 58-5-15).
2. Routine foot care as described in 42 CFR 405.310(1) and noted in Podiatry Manual, Scope of Service.
3. Treatment of subluxation or Pes Planus as defined in 42 CFR 405.310(1) and noted in Podiatry Manual, Scope of Service.
4. Cutting or trimming nails, corns, warts, callouses for any patient who does not have arteriosclerosis, or Buerger's Disease, or diabetes.
5. Massages of the foot or adjoining structures.
6. Physical therapy services or procedures performed by a podiatrist.
7. Procedures performed in behalf of any patient that are not determined to be medically necessary and appropriate as determined by audit or post payment review.
8. General anesthesia administered by a podiatrist.
9. Amputation of the foot by a podiatrist.
10. Prosthetic devices except as defined in ATTACHMENT 3.1-A and 3.1-B, (Attachment #12c) of the Utah State Plan for Medicaid.
11. Orthotics, arch supports, foot pads, metatarsal head appliances, foot supports, "cookies", or other personal comfort items and services.
12. CPT-4 procedure codes except those describing service appropriate for podiatrists and listed in the Physician Manual, Podiatry Scope of Service and Index Section 7 and Appendix A.
13. J Codes (injection procedures) except those describing services appropriate for podiatrists and listed in the Physician Manual, Podiatry Scope of Services and Index 7 and Appendix A.
14. Laboratory procedures except those specified in the Physician Manual, Podiatry Scope of Service as appropriate for podiatrists to perform and for which the required equipment is available in the podiatrist's private office.
15. The Agency may exceed the limitations on existing covered services to the extent allowed by law, if its medical staff determines:
 - a. that the proposed services are medically appropriate; and
 - b. that the proposed services are more cost effective than alternative services.

T.N. No. 01-017
Supersedes
T.N. No. 98-003

Approval Date 10/12/01

Effective Date 09/01/01

LIMITATIONS (Cont.)

16. The Division shall impose a co-payment for each podiatrist visit, maximum of one per date of service, when a non-exempt Medicaid client, as designated on his Medicaid card, receives the podiatrist service. The Division shall limit the out-of-pocket annual expense to \$100 per client. These amounts are designated in R414-11-10.
- a. The Division shall deduct the co-pay amount from the reimbursement paid to the podiatrist provider, up to the annual maxim.
 - b. The provider should collect the co-pay amount from the Medicaid client for each visit requiring a co-payment.
 - c. There are categories of Medicaid clients who are exempt from the co-payment requirements as designated in R414-11-10.
 - d. Services rendered for family planning purposes are exempt from the co-payment requirement.
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T.N. No. 01-017
Supersedes
T.N. No. NEW

Approval Date 10/12/01

Effective Date 09/01/01

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